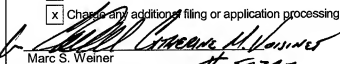


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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0879-0369P | |
| Application No. 10/046,175-Conf. #2336 | | Filing Date January 16, 2002 | | Examiner R. F. Pitaro | |
| | | | | Art Unit 2174 | |
| Applicant(s): Yoshiaki WATANABE | | | | | |
| Invention: CLIENT/SERVER SYSTEM AND BUTTON UPDATING METHOD FOR CLIENT APPLICATION | | | | | |
| <p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 34 | - 34 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 4 | - 5 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity | | | <input type="checkbox"/> Small Entity | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> Credit any overpayment. | | | | | |
| <input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Marc S. Weiner Attorney Reg. No.: 32,181 #52,381 | | | | Dated: <u>October 9, 2008</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |